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Bib Data Sheet

CONFIRMATION NO. 4844

SERIAL NUMBER 09/265,710	FILING DATE 03/09/1999 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF-0339-1DIV
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APPLICANTS

OLGA BANDMAN, MOUNTAIN VIEW, CA;
PREETI LAL, SUNNYVALE, CA;
PURVI SHAH, SUNNYVALE, CA;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 08/892,690 07/14/1997 PAT 5,932,420

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 04/01/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

RICHARD C. ECKSTROM
LEGAL DEPARTMENT
INCYTE GENOMICS, INC.
3160 PORTER DRIVE
PALO ALTO, CA 94304

TITLE

HUMAN INTEGRAL MEMBRANE PROTEIN

FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/265,710	03/09/99	514	1614	PF-0339-1DIV

APPLICANT OLGA BANDMAN, MOUNTAIN VIEW, CA; PREETI LAL, SUNNYVALE, CA; PURVI SHAH, SUNNYVALE, CA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A DIV OF 08/892,690 07/14/97

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS LUCY J BILLINGS
INCYTE PHARMACEUTICALS INC
3174 PORTER DRIVE
PALO ALTO CA 94304

TITLE HUMAN INTEGRAL MEMBRANE PROTEIN

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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